

NOTIFICATION OF ARREST OF EDUCATORS FOR SEXUAL OR DRUG OFFENSES

Name of Educator _____

Home Address _____ Zip _____

Home Telephone Number _____ Date of Birth _____

Social Security Number _____

School Name and Address (if known) _____

Date of Arrest _____

Nature of Offense (Please provide as much detail as possible) _____

Law Enforcement Agency _____

Address _____ Zip _____

Telephone Number _____

Signature of Law Enforcement Officer

Date

PLEASE SEND A COPY OF THIS FORM TO EACH OF THE FOLLOWING:

(1)
Carol B. Lear, J. D., Executive Secretary
Utah Professional Practices Advisory Commission
250 East 500 South
P. O. Box 144200
Salt Lake City, Utah 84114-4200

(2)
Human Resource Director
School District of the Educator